

successive mortifications, however, never climaxed until I learned of a patent just issued upon the Boston process of separating cows' milk into its various parts and then combining them again. But I trust that physicians will not be intimidated from combining cream and milk-sugar and cows' milk in imitation of breast milk. I also hope that the addition of egg-white may come into general use.

#### RULES FOR IMITATING BREAST MILK.

*Rule I.* To one pint of cows' milk (of nine and one-half per cent. fat), add one and one-half pints of an emulsion of one egg-white and 13 drachms milk-sugar in water.

*Rule II.* Avoid all patented mixtures and processes.

### Clinical Department.

#### BRIEF NOTES OF A THOUSAND CASES IN OBSTETRIC PRACTICE, EXTENDING OVER A NUMBER OF YEARS.

BY JAMES VENABLES, M.D. (HARV. 1867), HALIFAX, N. S.

Number of cases . . . . .	1,000
Number of abortions . . . . .	47
Number of premature births . . . . .	36
Number of males (maturity) . . . . .	484
Number of females (maturity) . . . . .	383 — 867
Case of uterine hydatids . . . . .	1
Case of tubal pregnancy . . . . .	1
Cases moved away before confinement, or attended by others . . . . .	60
Total, cases and births, . . . . .	1,012

There occurred in the above: primipara 179, twin cases (maturity) 12, placenta previa 4, convulsions 3, forceps cases 41, still-born (maturity) 59, acephalous 1.

Presentations: face 3, breech 15, footling 6, left arm 1, right arm 1, natural 841. Total, 867.

Cases occurring in each month: January 81, February 67, March 79, April 68, May 93, June 85, July 87, August 79, September 79, October 68, November 60, December 89, not known 63. Total, 1,000.

In the foregoing it will be observed that there were 41 cases in which forceps were used, in a total number of 867 cases; in 10 of these cases the child was still-born; in the other cases both mother and child did well, troublesome laceration of the perineum occurring in one case requiring surgical attendance for some time. Churchill states that about one forceps case occurs in 249, among British practitioners; one in 140, among French; and one in 106, among German. "If we add the whole number together, we find 8,007 forceps cases in 850,713 cases of labor, or about one in 106 $\frac{1}{3}$ ."

It will at once be seen that the foregoing shows a greater number of forceps cases — one in 21 — than either the British, French or German statistics. The number of children born dead — forceps cases — is about one in five, says "Churchill's Midwifery."

Three cases of convulsions occurred during labor. One case terminated without the use of forceps — both mother and child did well; in the other two cases forceps were used — the mother did well in both cases, the child was still-born in one case.

In the four cases of placenta previa, three of the children were still-born; in the other case both mother and child did well. In one case (the patient lived out of the city and I made her but one visit) there had been hemorrhage at intervals from January 1st till February 8th, the date of my visit; the patient died soon after delivery. In another case the mother did well (child still-born); and in the fourth case the

mother did well (child still-born). Or, death of the mother in one case, and of the child in three cases, out of four.

It will also be observed that 15 breech cases occurred in a total of 867 cases, or about 1 in 57 $\frac{1}{2}$ .

"Churchill's Midwifery" says: "Thus in British practice, breech presentation occurred 1,363 times in 91,651 cases, or about 1 in 67 $\frac{1}{2}$ ; in French practice, 1,169 times in 50,873 cases, or about 1 in 42 $\frac{3}{4}$ ; and in German practice, 793 times in 54,794 cases, or about one in 66 $\frac{1}{2}$ ; the entire number of breech presentations being 3,325 in 197,318 cases, or about one in 59 $\frac{1}{2}$ ."

The number of still-born was 59. There were also 14 premature still-born. In the 59 cases still-born two were breech presentations, two footling, one left arm; three of them were placenta-previa cases. In 10 cases the forceps were used.

In one case of natural labor I used an ointment of cocaine, with lanoline and glycerine, applied to the os and vaginal cavity, without, as far as I could observe, any marked effect. Chloroform was requested by the patient, but the labor did not wait for it and perhaps (?) the cocaine hastened matters so that there was no time to use the anesthetic.

In one case, still-born, there was degeneration of the umbilical cord, and the limbs of the child were quite rigid.

Hare-lip occurred in one child, which died an hour after it was born. Opacity of the cornea (in one eye) was present in one child.

In the case of tubal pregnancy the patient was twenty-nine years of age, and had borne other children. A post-mortem examination showed total ulceration of the bowels, and cavity filled with fecal matter, from which the bones of the fetus were removed. I regret that my notes of this case merely allow the mention of it.

In the acephalous case the following was published in the *Maritime Medical News*, Halifax, N. S., December, 1891, under the title "Note Concerning a Monstrosity — An Acephalous Fetus."

I was summoned to attend Mrs. — in labor, in the summer of 1890. On my arrival she told me that there had been quite a quantity of water escaping, and the symptoms of labor had manifested themselves early in the morning. I at once made an examination *per vaginam*, and found that the membranes had been ruptured, and that the presentation was one of the inferior extremities. The pains increased. The left foot soon came down and, at the same time, a portion of the umbilical cord, which was without pulsation. A few more pains brought down the right foot and the body of the child; and to my astonishment, another pain expelled the entire fetus. The uterus soon contracted firmly, and without any traction, the placenta came away in about ten minutes; the entire labor terminating in about five hours after my arrival. The placenta was normal, and there was no post-partum hemorrhage of a serious nature. The patient, a woman forty-one years of age, made a rapid recovery. She had previously had one premature birth, and six abortions. She had also had six living children. Her health has always been good.

The fetus was a female — its body and lower limbs well-formed and plump. I did not weigh it, but am inclined to think it would weigh fully nine pounds and be about twenty-four inches in length. There was nothing unusual about the appearance of the fetus until you reached the upper part. Here the face had a depressed appearance and the ears were not fully developed. The calvarium was entirely absent, and with the termination of the spinal

column the development ceased. The skin covered a reddish pulpy mass, having a slight resemblance to brain. The frontal bone was rudimentary and thrown well back.

Monstrosities are of two kinds: there may be either a *deficiency* or an *excess* of some portion of the body. It has been said that many other forms of monstrosities are explained upon the principle of retarded development, and that those parts which are the last completed present the greater number of deviations from the ordinary or natural rules. Among the ancients, monstrosities were considered as mere experiments on the part of atoms to produce some other species or race.

In the case of uterine hydatids an examination at once revealed a softened condition of the os and cervix, and on dilatation was followed by an escape of cysts. Subsequent use of ergot, and increased uterine action, with manual assistance, brought everything away. There was but little hemorrhage. A compress and bandage was applied; and under tonic treatment a good recovery soon ensued.

In very few of the foregoing cases have I used either chloroform, ether or stimulants; and in those few but little has been required. After leaving the patient I have trusted to the efforts of a good nurse (you don't always have *good* nurses, though) — a woman with common-sense, to maintain peace and quietness in the sick-room, and to carry out any instructions she might receive, always endeavoring to help nature, whose teachings are often disregarded.

## Medical Progress.

### REPORT ON DERMATOLOGY.

BY JOHN T. BOWEN, M.D.

#### MILIUM CONGENITALE (EN PLAQUES).

DR. RADCLIFFE CROCKER relates two cases which he calls by the above name, with accompanying portrait and drawings, in the *International Atlas of Rare Skin Diseases*, No. X.

The first case was seen by him in 1879. The subject was a boy, six weeks of age, whose health had been good from birth with the exception of occasional vomiting. There was no family history of significance. The face and scalp were occupied by congenital lesions distributed in irregular patches on the face, neck and scalp, the largest of which upon the occiput, measured  $9\frac{1}{4}$  by  $2\frac{3}{8}$  inches. The skin in other parts was perfectly normal. In color the patches were reddish-yellow; deeper when the child cried, and paler after exposure to cold. They were made up of very small yellow papules, closely grouped, and the whole patch was slightly raised. At the edge, which was sharply bounded and more elevated than the rest, were numerous comedones with black tops. These patches were present at birth, more raised than later on, and had been gradually fading ever since although their area remained unaltered. The case was shown at the Clinical Society, and as there had been slight snuffling, mercurial ointment was rubbed into the trunk for a month, but without result. The child continued to be troubled with vomiting; there was progressive emaciation; and he died four months after he was first seen.

A committee to whom the case was referred for investigation reported that the disease was congenital; that there had been no alteration in the extent of the

lesion after birth; that the color varied according to the vascularity of the part, this in turn depending on heat, excitement, etc., and that some of the sebaceous glands became filled with secretion and afterwards inflamed like an ordinary acne. They thought also that the snuffling, an eruption that had appeared upon the buttocks, and the progressive wasting suggested congenital syphilis strongly, but that the disease was unlike any known syphilitic lesion.

A portion of skin was excised post-mortem, and showed, on section, no material change in the epithelial layers, although the papillæ were less prominent than in the healthy part. The fibrous tissue of the corium was much increased in the deeper portions, moderately so in the upper, where the sebaceous glands were conspicuous, and on the whole, abnormally large. The hair follicles were in most sections absent, and there were few sweat glands or ducts. It was considered that these results indicated a preceding inflammation; and the committee's report was "that an intra-uterine inflammation had led to an increase of fibrous tissue which by its contraction pressed upon and atrophied the hair bulbs and sweat glands, and partially separated the component parts of the sebaceous glands."

In 1890 Crocker saw another case, where a girl of three months had a patch on the left cheek just in front of the ear, corresponding in its position to a portion of the much larger patch on the left cheek of the first case. In this case the condition was congenital also. No suspicion of hereditary syphilis could be detected in the case, and there was no family history of importance. Crocker re-examined the lesions in the light of Robinson's observations on milium, and came to the conclusion that the structures called sebaceous glands twelve years ago, are identical with the milium which Robinson thinks is derived from miscarried embryonic epithelium. He considers finally that the clinical and microscopical evidence tend to prove that there had been a deep-seated intra-uterine inflammation, or chorionitis fetalis, which produced an increase of fibrous tissue and an atrophy of the glandular structures of the skin, leaving only the milium-like bodies to represent them; hence this title, *Milium Congenitale*, is a proper one.

#### ERUPTIONS CAUSED BY ANTITOXIN.

Asch<sup>1</sup> relates the case of an infant of twenty-seven months, who was the subject of a mild case of diphtheria. Three days after the first injection of antitoxin, there was an outbreak of urticaria at the site of the injection, on the left thigh. The following day the diphtheritic deposit had diminished and the general condition was good; upon the flexor surfaces of the thighs, there was a confluent urticarial eruption, as large as the palm of the hand, occupying the site of the injection, which later spread over the whole flexor surface. On the right forearm there had appeared a punctate scarlatiniform eruption. The eruption soon began to desquamate and rapidly disappeared, an erythematous condition of the face and of the left side of the neck showing itself intercurrently. Soon after, although the child was cured of the diphtheria, transient erythematous patches made their appearance on different portions of the body. Finally there occurred a deep red, almost universal erythema, which had all the characteristics of erythema multi-

<sup>1</sup> Berl. klin. Woch., 1894.